

CRIMINAL HEREDITY.—Dr. U. P. Stair (*Journal of the American Medical Association*, 1884) says. First: That ignorance is not a necessary cause of vice; that the amount of wrong-doing, as a result of ignorance, is infinitely small when compared with that indulged in from a wilful disregard of the moral code. Second: That at the present stage of investigation of cerebral pathology, it is scarcely to be expected that any thing but negative results would follow any serious effort to demonstrate a physical basis for vice in the brain, by the use of the scalpel and microscope. Third: Following upon this, and in perfect harmony with it, observation and experience fail to establish the claim that vice and crime are qualities capable of being transmitted by heredity to any such extent as to constitute a distinct and definite class in human society; and, above all, that there is a *moral* force in the social world, to which, in its sphere, heredity is wholly subservient, which is as positive and potent in its influence as that of gravitation in the physical universe, and he who would teach sociology and ignore the former, is as unsafe a leader to follow as he would be who should attempt to teach physics and ignore the latter. Now when it is recollected that Dr. Stair has had no chance of observing facts for himself, and that he is totally ignorant of the researches of Ferri, Kräpelin, Lebon, Laccasagne, Lombroso, Bruce Thompson, and all who have studied criminality from a clinical standpoint, the audacity of such *a priori* conclusions becomes apparent.

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c.—THERAPEUTICS OF THE NERVOUS SYSTEM.

PARALDEHYDE AS AN HYPNOTIC AND SEDATIVE.—Favorable reports continue to be made as to the value of paraldehyde as an hypnotic. Dr. Th. Benda expresses himself favorably as a result of his experience with it in thirty-four cases, embracing various forms of insanity. Of these cases sleep was produced with doses not exceeding four grammes in twenty-four cases, though in seven cases the effect quietly passed off, and it was found necessary to rapidly increase the dose. The effect on the disease itself was very limited, a beneficial effect being obtained in only a few cases, while one or two seemed to be made worse. Disagreeable symptoms were produced in a few cases. The drug is principally eliminated by the lungs. The appetite in some cases was improved, and in no cases diminished.

The paraldehyde was subcutaneously injected in two cases. The injections caused pain, and in one case profound collapse, and were consequently abandoned. B. concludes that in many cases paraldehyde can be given and with good effect; that it has the advantage over morphia and chloral in being far safer, its ill effects being disagreeable rather than dangerous. It has the disadvantage, in common with other drugs, that the dose must be constantly increased.—*Neurol. Centralbl.*, No. 12, 1884.

Previous experiments with paraldehyde have been made mostly in insane hospitals. Von Noorden has used it in a variety of diseases, including emphysema, bronchitis, phthisis, spinal and other nervous diseases, heart disease, pneumonia, articular rheumatism, etc., and as a result of his observations highly recommends it. He did not notice any ill effects accompanying or following its use. The contra-indications to its employment are severe gastric disease, and advanced phthisis with laryngeal complication. The dose employed varied between three and six grammes. "After every dose, usually given at 8 o'clock P. M., the patient fell asleep in from fifteen to forty-five minutes, generally in half an hour."

Von N. considers there is no danger in giving the drug when the heart is weakened from disease, as it does not affect the pulse-rate or lower the arterial pressure in any appreciable degree.—*Centralblatt für klin. Med.*, No. 12, 1884.

Dr. Kurz (Florence) has also reported the results of his experience in twenty-four cases, and gives a favorable opinion of the value of the drug. His cases embraced a variety of diseases, (including phthisis, cancer, heart-disease, melancholia, etc.), and the sleeplessness, for which the paraldehyde was given, had, in most cases, already existed some time, and resisted other hypnotics. Of these twenty-four cases, slight or no effect was produced in four, and in these four mechanical causes had some influence in two, while in none was a second trial made. Dr. K. concludes that the sleep from paraldehyde is nearest to the natural sleep, and is without after effects. He gives to paraldehyde the first place amongst narcotics.—*Centralbl. für klin. Med.*, No. 18, 1884.

Cervello has found that paraldehyde is antagonistic in its action to strychnia. Animals poisoned with fatal doses of strychnia recover if paraldehyde be given. The latter not only averts death but also the convulsions. The reverse, however, is not true. Animals poisoned with paraldehyde are not saved by strychnia. The antagonistic action of paraldehyde to strychnia is due to its action on the nervous centres. The former lowers, the latter increases the reflex excitability of the nervous centres.—*Centralbl. für klin. Med.*, No. 5, 1884.

THE OPIUM PSYCHONEUROSIS.—Dr. C. H. Hughes, in a paper on the treatment of the opium habit, strongly opposes the sudden withdrawal of the drug. He advises the gradual reduction of the quantity of opium taken by the patient, and the substitution of quinine in doses of double the amount (or the same amount) of opium withdrawn. In the further details of his treatment there is nothing particularly new.—*The Alienist and Neurologist*, 1884, vol. v, p. 123.

ERGOTIN IN GENERAL PARALYSIS.—Girma recommends the methodical use of ergotin for the cerebral congestion occurring in general paralysis. According to G., the dilated capillaries are

contracted, especially in the brain and spinal cord, and consequently the congestion removed, the digestive functions regulated, the constipation relieved, and the apoplectic and epileptic attacks cease. The drug must be used in the early stages of the disease, when the changes in the central organs are not organic, but functional; in the later stages ergotin has still a sedative action.—*L'Encéphale*, 1884, No. 2, p. 160.

STRETCHING OF THE INTERCOSTAL NERVES.—Nerve-stretching seems still to attract considerable attention. A case reported by Dr. L. v. Lissu is unique in many particulars. It is that of a woman, sixty-one years of age, who suffered from intense intercostal neuralgia of both sides, and of seven years' duration. The pain was lancinating, and radiated into the breasts. Both breasts were extremely atrophied, but, nevertheless, out of each a few drops of milk could be squeezed. During the attacks of pain, the milk was increased in quantity. As the neuralgia was located in the seven intercostal nerves, from the fourth to the tenth, and was severest on the right side, it was determined to operate on that side as far back as possible. In the operation, the sixth and tenth nerves were accidentally broken, and excised. From time to time after the operation the patient complained of slight dragging pains in the right side, and a feeling of compression in the region of the lower intercostal nerves. On the eleventh day the patient was discharged, and was not again heard from, excepting that some time afterward she died.

The case is incomplete from absence of knowledge as to whether the pain returned; but it is interesting from the age of the patient, the large number of nerves involved and stretched, the rare occurrence of secretion of milk in connection with intercostal neuralgia, and the increase of the milk during the attacks of pain.

The writer gives directions for the best method of performing the operation, and lays stress upon the fact that the nerves are not to be found directly under the lower edge of the ribs, as commonly described, but above and behind, so that the ribs must be raised to bring them into view.—*Deutsche Med. Wochensh.*, No. 20, 1884.

STRETCHING OF THE FACIAL NERVE.—Two cases are reported by L. C. Gray. The first was that of a man thirty-six years old who had suffered for twenty years from tic-douloureux in the second branch of the right trigeminus, accompanied by spasms of the lower jaw muscles. The pain returned four days after the operation, but the spasms were diminished. There resulted facial paralysis, with the reaction of degeneration.

In the second case, that of a man twenty-two years old, who had suffered for ten years from choreiform movements of both sides of face and of both hands, the left facial was stretched, with the result of a cessation of the symptoms for two months, when

they returned.—*The Amer. Jour. of Neurol. and Psychol.*, 1883, vol. i., p. 575.

(The results, accordingly, were the same as are usually obtained after this operation in *tic convulsivæ*. In a table of thirteen such cases collected by Mr. R. J. Godlee, in all but one the relief was only temporary.)

STRETCHING COMBINED WITH RESECTION OF THE SPINAL ACCESSORY FOR SPASMODIC TORTICOLLIS.—Dr. Schwartz reports the case of a woman, twenty-six years old, who had suffered for two years from spasmodic torticollis. All other means having failed, Dr. S. resorted to stretching and resection of the spinal accessory. After a transitory paresis, there remained only a slight deviation of the head, painless, and easily corrected by an apparatus.

Dr. Schwartz gave a résumé of eight other cases of torticollis treated by section, resection, or stretching of the spinal accessory.

Section or resection in five cases gave two cures and three improvements.

Stretching alone in two cases resulted in one cure and one failure. Resection combined with stretching resulted in one cure, and, in the case reported, one improved. He concluded that resection afforded the best chances of success, but thought it could be combined with stretching with advantage.—*Rev. de Chirurgie*, May, 1884.

SUBCUTANEOUS NERVE-STRETCHING.—Not only the efficacy of nerve-stretching, but that it is not necessary to resort to extreme force, seems to be shown by the results obtained in eleven cases reported by Drs. V. Corval and Wunderlich. As the circumstances were such that chloroform could not be given, moderate force only could be used on account of the pain, but the operation was repeated every second or third day. The eleven cases included, sciatica, 4; tabes, 4; cervico-occipital neuralgia, 1; muscular spasm (leg), 1; spastic spinal paralysis, 1. Of these all but two (one of sciatica and one of tabes) were either improved or cured. In the cases of tabes the analgesia present allowed the leg to be so strongly flexed that the foot touched the face.—*Deutsche Med. Wochenschr.*, No. 20, 1884.

VERATRIA IN MUSCULAR TREMOR.—After small doses of veratria each muscle when stimulated reacts more vigorously, and the contraction lasts longer than in the normal condition. The increased duration of the single contraction is shown not only by the greater length of the myographic curve, but also by the fact that while thirty stimuli per second are needed to set a normal frog's muscles into tetanus, some ten suffice to tetanize the veratrized muscle. The tremors of alcoholism, of central nerve degeneration, of fever, etc., are due, according to Dr. Feris (*Société*

de Biologie, No. 26, 1883), to a condition of muscular contraction in which the impulses are not sufficiently rapid to give rise to tetanus. This may be owing to defective innervation, as well as to muscular degeneration. Dr. Feris has used veratria in such tremors, giving it in pills of half a milligramme each ($\frac{1}{120}$ grain), of which four were taken daily at intervals of an hour. Of thirteen patients so treated ten were suffering from alcoholism, two from disseminated sclerosis, four from sequelæ of typhoid. In all the tremors disappeared entirely from five to fifteen days. Improvement appears after the first day, as is shown by making the patient write before and (one hour) after each pill. The treatment should be kept up for ten days at least or relapse may occur. The cases have continued well for two months at least after the veratria was stopped.—*The Practitioner*, March, 1884. (In one case of paralysis agitans treated by the reporter with veratria, no improvement could be detected.)

THE REMOVAL OF THE OVARIES FOR HYSTERIA.—Dr. Walton reports a case of hysteria which was greatly benefited by the removal of the ovaries. The patient was an unmarried woman, twenty-nine years of age, who suffered from excessively painful menstruation, convulsive attacks, hemianæsthesia, tenderness in ovarian region, exaggerated tendon-reflex, rigidity of legs, etc. Dr. Barss, under whose care the patient was, removed both ovaries, which were found to be degenerated (cystic). Marked improvement followed the operation, and persisted at time of Dr. Walton's last examination, two months later. Dr. W. advocates the removal of the ovaries in suitable cases. At the meeting of the Society (clinical section of the Suffolk District) before which this paper was read, Dr. John Homans reported three other cases in which he removed the ovaries. All made good recoveries from the operation, and two were cured of their symptoms, no relapse at the time of the report having occurred. The third case was not benefited.—*Boston Med. and Surg. Jour.*, vol. cx., No. 23.

METALLOTHERAPY.—Drs. Burq and Moricourt report the following case of a young woman, twenty years old, who had been an epileptic since infancy, and had suffered for fifteen years from ovarian neuralgia and for eight years from hyperalgesia of the breast. The least touch in these two regions caused most intense pain. The whole remainder of the body, excepting the outer aspect of the left leg, was absolutely anæsthetic. The special senses were affected in a less degree, and the muscular power was diminished. Bromide, static electricity, and baths were in turn used without benefit. Finally, it having been found that the patient was sensitive to silver and aluminium, she was treated internally and externally with the former; sensation having been restored by means of aluminium placed on the left forearm, the patient was requested to place a plate of silver above the left

breast. After some hesitation and with considerable trepidation she did so, and found to her astonishment that she could not only bear it, but could press firmly without causing more than slight pain, which in a few moments also disappeared. Similar effects followed the application of silver discs to the ovarian region and below the breast. Ten days later there was a return of hyperæsthesia but in different situations. At the end of a week this again disappeared under the same treatment. Five weeks later the patient reported herself free from pain, though the epileptic attacks continued. The writers also relate another case in the service of Dujardin-Beaumetz, which they claim shows the influence of metallotherapy. A woman, forty-one years old, suffered from impairment of general and special sensibility, paraplegia, hypermetropia, lumbar pain, etc. Having been found sensitive to gold and copper, she was given the former internally by hypodermic injection and the latter was applied externally. She greatly improved, though apparently at the time of writing not yet well.—*Gazette des Hôpitaux*, No. 56, 1884.

EPILEPSY TREATED WITH HYDROBROMATE OF CONIA.—R. Norris Wolfenden has experimented with this drug in seven cases of epilepsy with not particularly brilliant results. Three of the cases, possibly four (?), seem to have been improved, though the time they were under treatment was short, and in most cases he was obliged to return to bromide on account of disagreeable symptoms produced.

The conclusions he draws are that the drug is undoubtedly serviceable in certain cases, and those in which it fails are cases of convulsions depending possibly on some pons lesion of the brain.

The drawbacks to the use of the drug appear in the complaints of headache, and, when given in large doses, of giddiness lasting half an hour after taking it, with sometimes a suffusion and congestion of the conjunctiva. He thinks the drug deserves further trial.—*The Practitioner*, June 1884.

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